



**SUMMARY PAGE**  
**OF RECEIPTS AND DISBURSEMENTS**

Write or Type Committee Name  
CUNA Mutual Insurance Society Political Action Committee (CUNA Mutual PAC)

Report Covering the Period: From: 

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	1	0

 To: 

M	M
0	3

D	D
3	1

Y	Y	Y	Y
2	0	1	0

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>1</td><td>0</td></tr></table>	Y	Y	Y	Y	2	0	1	0		12207.20
Y	Y	Y	Y							
2	0	1	0							
(b) Cash on Hand at Beginning of Reporting Period .....	12207.20									
(c) Total Receipts (from Line 19) .....	10635.04	10635.04								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	22842.24	22842.24								
7. Total Disbursements (from Line 31) .....	14792.00	14792.00								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	8050.24	8050.24								
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									
10. Debts and Obligations owed <b>BY</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									

This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

**For further information contact:**

Federal Election Commission  
999 E street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

CUNA Mutual Insurance Society Political Action Committee (CUNA Mutual PAC)

Report Covering the Period: From:    To:

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A) .....	6600.04	6600.04
(ii) Unitemized .....	4035.00	4035.00
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	10635.04	10635.04
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) .....	10635.04	10635.04
12. Transfers From Affiliated/Other Party Committees .....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received .....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) .....	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....	10635.04	10635.04
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	10635.04	10635.04

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

<b>II. DISBURSEMENTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	42.00	42.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	42.00	42.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	14750.00	14750.00
24. Independent Expenditure (use Schedule E) .....	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) .....	0.00	0.00
29. Other Disbursements.....	0.00	0.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share .....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	14792.00	14792.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	14792.00	14792.00

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

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III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3) .....	10635.04	10635.04
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	10635.04	10635.04
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	42.00	42.00
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	42.00	42.00

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 / 16
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
CUNA Mutual Insurance Society Political Action Committee (CUNA Mutual PAC)

<b>A.</b>	Full Name (Last, First, Middle Initial) Michael T. Defnet		Date of Receipt	
	Mailing Address 8315 Flagstone Drive		M M / D D / Y Y Y Y Y 03 / 31 / 2010	
	City	State	Zip Code	<b>Transaction ID:</b> SA11AI.5021
	Madison	WI	53719	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.		C		240.00
Name of Employer CUNA Mutual Insurance Society		Occupation SVP, Distribution Support		\$40/biweekly
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 240.00		

<b>B.</b>	Full Name (Last, First, Middle Initial) Jill Estep		Date of Receipt	
	Mailing Address 15 E. Lawrence Road		M M / D D / Y Y Y Y Y 02 / 23 / 2010	
	City	State	Zip Code	<b>Transaction ID:</b> SA11AI.5013
	Phoenix	AZ	85012	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.		C		250.00
Name of Employer CUNA Mutual Group		Occupation Executive		Check
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00		

<b>C.</b>	Full Name (Last, First, Middle Initial) Kevin T. Lentz		Date of Receipt	
	Mailing Address 1023 Carib Court		M M / D D / Y Y Y Y Y 03 / 31 / 2010	
	City	State	Zip Code	<b>Transaction ID:</b> SA11AI.5034
	Verona	WI	53593	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.		C		300.00
Name of Employer CUNA Mutual Insurance Society		Occupation SVP, Member Products		\$50/biweekly
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 300.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	790.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 / 16
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
CUNA Mutual Insurance Society Political Action Committee (CUNA Mutual PAC)

<b>A.</b>	Full Name (Last, First, Middle Initial) Kurt Lin		Date of Receipt
	Mailing Address 99013 Settlers Road		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
	City	State	Zip Code
	Madison	WI	53717
	FEC ID number of contributing federal political committee. <b>C</b>		Transaction ID: SA11AI.5052
Name of Employer CUNA Mutual Group		Occupation Managing Director, MCA	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 240.00
			\$40/biweekly

<b>B.</b>	Full Name (Last, First, Middle Initial) Barbara Lutz		Date of Receipt
	Mailing Address 1116 5th Street NW		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
	City	State	Zip Code
	Waverly	IA	50677
	FEC ID number of contributing federal political committee. <b>C</b>		Transaction ID: SA11AI.5012
Name of Employer CUNA Mutual Group		Occupation Executive	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 300.00
			Check

<b>C.</b>	Full Name (Last, First, Middle Initial) David P. Marks		Date of Receipt
	Mailing Address 11 Richmond Road		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
	City	State	Zip Code
	West Hartford	CT	06117
	FEC ID number of contributing federal political committee. <b>C</b>		Transaction ID: SA11AI.5043
Name of Employer Members Capital Advisors		Occupation EVP & Chief Investment Off.	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 240.00
			\$40/biweekly

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text"/> 780.00
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 8 / 16  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
CUNA Mutual Insurance Society Political Action Committee (CUNA Mutual PAC)

**A.**

Full Name (Last, First, Middle Initial)  
James Metz

Mailing Address 3908 Meridian Circle

City State Zip Code  
Verona WI 53593

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
CUNA Mutual Group SVP, Asset Management

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt  
MM / DD / YYYY  
03 / 31 / 2010

**Transaction ID:** SA11AI.5055

Amount of Each Receipt this Period  
240.00

\$40/biweekly

**B.**

Full Name (Last, First, Middle Initial)  
Faye Patzner

Mailing Address 4473 Shooting Star Avenue

City State Zip Code  
Middleton WI 53562

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
CUNA Mutual Group SVP, Legal

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt  
MM / DD / YYYY  
03 / 31 / 2010

**Transaction ID:** SA11AI.5026

Amount of Each Receipt this Period  
210.00

\$35/biweekly

**C.**

Full Name (Last, First, Middle Initial)  
Jeff H. Post

Mailing Address 2933 Windswept Way

City State Zip Code  
Verona WI 53593

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
CUNA Mutual Insurance Society President and CEO

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 2500.00

Date of Receipt  
MM / DD / YYYY  
02 / 18 / 2010

**Transaction ID:** SA11AI.5015

Amount of Each Receipt this Period  
2500.00

Check

**SUBTOTAL** of Receipts This Page (optional) ..... ► 2950.00

**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 / 16
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
CUNA Mutual Insurance Society Political Action Committee (CUNA Mutual PAC)

<b>A.</b>	Full Name (Last, First, Middle Initial) James M. Power		Date of Receipt
	Mailing Address 9810 Red Sky Drive		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 03 / 31 / 2010
	City Middleton	State WI	Zip Code 53562
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> SA11AI.5044
	Name of Employer CUNA Mutual Group		Occupation SVP, Sales
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text"/> 240.00	Amount of Each Receipt this Period <input type="text"/> 240.00 \$40/biweekly

<b>B.</b>	Full Name (Last, First, Middle Initial) Christopher P. Roe		Date of Receipt
	Mailing Address 2 Hawk Feather Cir		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 03 / 31 / 2010
	City Madison	State WI	Zip Code 53717
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> SA11AI.5045
	Name of Employer CUNA Mutual Insurance Society		Occupation VP, Special Projects
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text"/> 300.00	Amount of Each Receipt this Period <input type="text"/> 300.00 \$50/biweekly

<b>C.</b>	Full Name (Last, First, Middle Initial) Richard Roy		Date of Receipt
	Mailing Address W278 N2987 Rocky Point Road		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 03 / 17 / 2010
	City Pewaukee	State WI	Zip Code 53072
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> SA11AI.5008
	Name of Employer CUNA Mutual Group		Occupation Officer
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text"/> 500.00	Amount of Each Receipt this Period <input type="text"/> 500.00 Check

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text"/> 1040.00
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 16

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
CUNA Mutual Insurance Society Political Action Committee (CUNA Mutual PAC)

**A.**

Full Name (Last, First, Middle Initial)

Alastair C. Shore

Mailing Address 9125 Aspen Grove Lane

City State Zip Code  
Madison WI 53717

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
CUNA Mutual Group Chief Underwriter

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 240.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 3 1 / 2 0 1 0

Transaction ID: SA11AI.5053

Amount of Each Receipt this Period

240.00

\$40/biweekly

**B.**

Full Name (Last, First, Middle Initial)

Delania K. Truly

Mailing Address 521 Sunset Dr.

City State Zip Code  
Hurst TX 76054

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
CUNA Mutual Insurance Soc- VP, South Region  
iety

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 3 1 / 2 0 1 0

Transaction ID: SA11AI.5036

Amount of Each Receipt this Period

300.00

\$50/biweekly

**C.**

Full Name (Last, First, Middle Initial)

Robert N. Trunzo

Mailing Address 1044 Willow Drive

City State Zip Code  
Delafield WI 53018

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
CUNA Mutual Insurance Soc- EVP & Chief Sales Officer  
iety

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 500.04

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 3 1 / 2 0 1 0

Transaction ID: SA11AI.5042

Amount of Each Receipt this Period

500.04

\$83.34/biweekly

**SUBTOTAL** of Receipts This Page (optional) .....

1040.04

**TOTAL** This Period (last page this line number only) .....

6600.04

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
CUNA Mutual Insurance Society Political Action Committee (CUNA Mutual PAC)

A.	Full Name (Last, First, Middle Initial) ADLER FOR CONGRESS	Transaction ID: SB23.5071 Date of Disbursement
	Mailing Address 14 KNIGHTSWOOD DRIVE	<input type="text" value="01"/> / <input type="text" value="19"/> / <input type="text" value="2010"/>
	City MARLTON State NJ Zip Code 08053	Amount of Each Disbursement this Period
	Purpose of Disbursement Contribution	<input type="text" value="250.00"/>
	Candidate Name JOHN H. ADLER	Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NJ District: 03	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) BILL FOSTER FOR CONGRESS COMMITTEE	Transaction ID: SB23.5083 Date of Disbursement
	Mailing Address PO Box 703	<input type="text" value="03"/> / <input type="text" value="23"/> / <input type="text" value="2010"/>
	City Geneva State IL Zip Code 60134	Amount of Each Disbursement this Period
	Purpose of Disbursement Contribution	<input type="text" value="500.00"/>
	Candidate Name G. WILLIAM (BIL FOSTER)	Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 14	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) CHRIS LEE FOR CONGRESS	Transaction ID: SB23.5101 Date of Disbursement
	Mailing Address PO Box 15395	<input type="text" value="03"/> / <input type="text" value="10"/> / <input type="text" value="2010"/>
	City Rochester State NY Zip Code 14615	Amount of Each Disbursement this Period
	Purpose of Disbursement Contribution	<input type="text" value="500.00"/>
	Candidate Name CHRISTOPHER J. LEE	Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 26	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="1250.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
CUNA Mutual Insurance Society Political Action Committee (CUNA Mutual PAC)

A.	Full Name (Last, First, Middle Initial) DRIEHAUS FOR CONGRESS	Transaction ID: SB23.5104 Date of Disbursement
	Mailing Address 650 Fox Trails Way	<input type="text" value="03"/> / <input type="text" value="10"/> / <input type="text" value="2010"/>
	City Cincinnati State OH Zip Code 45233	Amount of Each Disbursement this Period
	Purpose of Disbursement Contribution	<input type="text" value="500.00"/>
	Candidate Name STEVEN LEO DRIEHAUS	Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: OH District: 01	

B.	Full Name (Last, First, Middle Initial) EARL POMEROY FOR CONGRESS	Transaction ID: SB23.5107 Date of Disbursement
	Mailing Address Post Office Box 9336	<input type="text" value="03"/> / <input type="text" value="15"/> / <input type="text" value="2010"/>
	City Fargo State ND Zip Code 58106	Amount of Each Disbursement this Period
	Purpose of Disbursement Contribution	<input type="text" value="500.00"/>
	Candidate Name EARL R. POMEROY	Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: ND District: 00	

C.	Full Name (Last, First, Middle Initial) FRIENDS OF JEB HENSARLING	Transaction ID: SB23.5090 Date of Disbursement
	Mailing Address PO Box 820504	<input type="text" value="02"/> / <input type="text" value="22"/> / <input type="text" value="2010"/>
	City Dallas State TX Zip Code 75382	Amount of Each Disbursement this Period
	Purpose of Disbursement Contribution	<input type="text" value="1000.00"/>
	Candidate Name JEB HON. HENSARLING	Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: TX District: 05	

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

**TOTAL** This Period (last page this line number only) ..... ▶

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
CUNA Mutual Insurance Society Political Action Committee (CUNA Mutual PAC)

A.	Full Name (Last, First, Middle Initial) FRIENDS OF SCHUMER	Transaction ID: SB23.5086 Date of Disbursement
	Mailing Address 509 MADISON AVE SUITE 1902	<input type="text" value="02"/> <input type="text" value="05"/> / <input type="text" value="20"/> <input type="text" value="10"/>
	City NEW YORK State NY Zip Code 10022	Amount of Each Disbursement this Period
	Purpose of Disbursement Contribution	<input type="text" value="1000.00"/>
	Candidate Name CHARLES E SCHUMER	Category/Type
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 00	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) GIVING WILLINGLY EMPOWERING NATIONALLY (GWEN) PAC	Transaction ID: SB23.5093 Date of Disbursement
	Mailing Address 1831 Bay Street, SE	<input type="text" value="02"/> <input type="text" value="24"/> / <input type="text" value="20"/> <input type="text" value="10"/>
	City Washington State DC Zip Code 20003	Amount of Each Disbursement this Period
	Purpose of Disbursement Contribution	<input type="text" value="500.00"/>
	Candidate Name GIVING WILLINGLY EMPOWERING NATIONALLY (GWEN) PAC	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) HOEVEN FOR SENATE	Transaction ID: SB23.5099 Date of Disbursement
	Mailing Address PO BOX 15114	<input type="text" value="03"/> <input type="text" value="03"/> / <input type="text" value="20"/> <input type="text" value="10"/>
	City ARLINGTON State VA Zip Code 22215	Amount of Each Disbursement this Period
	Purpose of Disbursement Contribution	<input type="text" value="1000.00"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: ND District: 00	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="2500.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
CUNA Mutual Insurance Society Political Action Committee (CUNA Mutual PAC)

A.	Full Name (Last, First, Middle Initial) <b>KIND FOR CONGRESS COMMITTEE</b>	<b>Transaction ID:</b> SB23.5068
	Mailing Address 205 5th Avenue South Suite 428	Date of Disbursement MM / DD / YYYY 01 / 12 / 2010
	City La Crosse State WI Zip Code 54601	Amount of Each Disbursement this Period 1000.00
	Purpose of Disbursement Contribution	Category/ Type
	Candidate Name RON KIND	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: WI District: 03	

B.	Full Name (Last, First, Middle Initial) <b>KOSMAS FOR CONGRESS</b>	<b>Transaction ID:</b> SB23.5074
	Mailing Address PO Box 1547	Date of Disbursement MM / DD / YYYY 01 / 19 / 2010
	City New Smyrna Beach State FL Zip Code 32170	Amount of Each Disbursement this Period 250.00
	Purpose of Disbursement Contribution	Category/ Type
	Candidate Name SUZANNE KOSMAS	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: FL District: 24	

C.	Full Name (Last, First, Middle Initial) <b>MOORE FOR CONGRESS</b>	<b>Transaction ID:</b> SB23.5080
	Mailing Address PO BOX 16646	Date of Disbursement MM / DD / YYYY 02 / 02 / 2010
	City MILWAUKEE State WI Zip Code 53216	Amount of Each Disbursement this Period 2500.00
	Purpose of Disbursement Contribution	Category/ Type
	Candidate Name MOORE FOR CONGRESS	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: WI District: 04	

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

**3750.00**

**TOTAL** This Period (last page this line number only) ..... ▶

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
CUNA Mutual Insurance Society Political Action Committee (CUNA Mutual PAC)

A.	Full Name (Last, First, Middle Initial) <b>PENNSYLVANIANS FOR KANJORSKI</b>	<b>Transaction ID:</b> SB23.5096
	Mailing Address 103 South Hanover Street	Date of Disbursement MM / DD / YYYY 02 / 26 / 2010
	City Nanticoke State PA Zip Code 18634	Amount of Each Disbursement this Period 1000.00
	Purpose of Disbursement Contribution	Category/ Type
	Candidate Name <b>PAUL E. KANJORSKI</b>	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 11	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) <b>RYAN FOR CONGRESS</b>	<b>Transaction ID:</b> SB23.5077
	Mailing Address P. O. Box 1919 P. O. Box 1919	Date of Disbursement MM / DD / YYYY 02 / 01 / 2010
	City Janesville State WI Zip Code 53547	Amount of Each Disbursement this Period 2000.00
	Purpose of Disbursement Contribution	Category/ Type
	Candidate Name <b>PAUL D. RYAN</b>	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WI District: 01	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) <b>SHELBY FOR U S SENATE</b>	<b>Transaction ID:</b> SB23.5110
	Mailing Address POST OFFICE BOX 1091	Date of Disbursement MM / DD / YYYY 03 / 15 / 2010
	City TUSCALOOSA State AL Zip Code 35403	Amount of Each Disbursement this Period 2000.00
	Purpose of Disbursement Contribution	Category/ Type
	Candidate Name <b>RICHARD C SHELBY</b>	
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: AL District: 00	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

**5000.00**

**TOTAL** This Period (last page this line number only) ..... ▶

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

CUNA Mutual Insurance Society Political Action Committee (CUNA Mutual PAC)

A.

Full Name (Last, First, Middle Initial)

TAMMY BALDWIN FOR CONGRESS

Transaction ID: SB23.5088

Date of Disbursement

Mailing Address P.O. Box 696

M	M	/	D	D	/	Y	Y	Y	Y
0	2		1	7		2	0	1	0

City	State	Zip Code
Madison	WI	53701

Amount of Each Disbursement this Period

250.00
--------

Purpose of Disbursement  
Contribution

--

Candidate Name  
TAMMY BALDWIN

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: WI District: 02

SUBTOTAL of Disbursements This Page (optional) .....

250.00

TOTAL This Period (last page this line number only) .....

14750.00